

Texas Department of Criminal Justice
DISMISSAL RECOMMENDATION AND ACTION

Employee Name: _____ SSN: _____
Last First MI

PLEASE CONSIDER THE ATTACHED REPRIMAND AND DISMISSAL RECOMMENDATION FOR THE ABOVE EMPLOYEE.

FROM: _____
Printed Name of Reprimanding Authority Signature and Date

THRU: OFFICE OF THE GENERAL COUNSEL (OGC) _____ DATE RECEIVED

OGC COMMENTS ARE ATTORNEY-CLIENT PRIVILEGE AND ARE NOT SUBJECT TO DISCLOSURE. OGC SHALL PROVIDE COMMENTS ON A CONFIDENTIAL MEMORANDUM.

Printed Name Signature and Date

THRU: HUMAN RESOURCES DIRECTOR: _____ DATE RECEIVED ____ CONCUR ____ NON-CONCUR
(COMMENTS):

Printed Name Signature and Date

THRU: APPROPRIATE AGENCY OFFICIAL: _____ DATE RECEIVED ____ CONCUR ____ NON-CONCUR
(COMMENTS):

Printed Name Signature and Date

THRU: DEPUTY DIRECTOR REVIEW: _____ DATE RECEIVED ____ CONCUR ____ NON-CONCUR
(COMMENTS):

Printed Name Signature and Date

THRU: EXECUTIVE, DEPUTY EXECUTIVE, APPROPRIATE DIVISION DIRECTOR, OR EEO-DAO ACTION

DATE RECEIVED

DISMISSAL APPROVED

IN LIEU OF DISMISSAL, THE FOLLOWING DISCIPLINARY ACTION IS IMPOSED:

DISAPPROVED. NO DISCIPLINARY ACTION SHALL BE IMPOSED

Printed Name Signature and Date

TO: DISCIPLINARY SPECIALIST, EMPLOYEE RELATIONS, HUMAN RESOURCES DIVISION (COORDINATE DISTRIBUTION)

NOTICE TO EMPLOYEE: YOU ARE HEREBY ADVISED THAT YOU MAY APPEAL THIS ACTION IN ACCORDANCE WITH PD-30, "EMPLOYEE GRIEVANCE PROCEDURES."